

NOV 22 2004

PATENT & TRADEMARK OFFICE
U.S. C.A.B.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Akiyoshi AOYAGI

Serial No: 10/719,888

Confirmation No.: 1432

Filed: November 21, 2003

For: Semiconductor Device, Its Manufacturing Method and
Electronic DeviceArt Unit: 2814
Examiner: Rao, Shrinivas H.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450, on
 November 16, 2004

Date of Deposit
 Joyce Hegeman
 Name
 Signature
 November 16, 2004
 Date

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted in the above application is the following items.

Response To Restriction Requirement.
 Return postcard.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	20	-	20	**	0	LG=\$18 SM=\$9	[\$FEE]
INDEPENDENT CLAIMS FEE	3	-	3	***	0	LG=\$88 SM=\$44	[\$FEE]
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$290 SMALL ENTITY FEE = \$145	\$ [FEE]
						TOTAL	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

A check in the amount of \$ 0 to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**

A check in the amount of \$ 0 to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

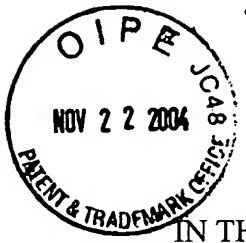
Respectfully submitted,
HOGAN & HARTSON L.L.P.

By: Troy M. Schmelzer

Troy M. Schmelzer
 Registration No. 36,667
 Attorney for Applicant(s)

Date: November 16, 2004

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Patent Application No. 10/719,888
Attorney Docket No. 81754.0101

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Joyce Hegehan
Name
Signature November 16, 2004
Date

RESPONSE TO RESTRICTION REQUIREMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the office action dated October 26, 2004 setting forth a restriction requirement, applicant elects for examination the invention of Group I, claims 1-5 and 8-20, without traverse.

Any fees due with this response may be charged to our Deposit Account No. 50-1314.

Respectfully submitted,

HOGAN & HARTSON L.L.P.

By:

Troy M. Schmelzer
Registration No. 36,667
Attorney for Applicant(s)

Date: November 16, 2004

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